

DECLARATION AND POWER OF ATTORNEY

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status – patented, pending, abandoned
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint **Greg Dziegielewski**, Reg. No. 28073, **Marc Luddy**, Reg. No. 33061, and **Philip R. Warn**, Reg. No. 32775, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I request the Patent and Trademark Office to direct all correspondence relative to this application to:

BorgWarner Inc.
Patent Department
3001 West Big Beaver Road – Suite 200
P.O. Box 5060
Troy, Michigan 48007-5060
Attn: Patent Docket Administrator

and direct all telephone calls to Philip R. Warn at (248) 364-4300.

Full name of sole or first inventor: Douglas G. Hunter

Inventor's signature: _____

Date: _____

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Full name of third inventor: _____

Inventor's signature: _____

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Citizenship: _____

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Full name of fourth inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

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